

# CVP Update



## *Provider Profile and Agreement Forms*

In order to participate in the Connecticut Vaccine Program (CVP) each provider must submit a provider profile and provider agreement form on a yearly basis. The re-enrollment process allows us to verify and update provider shipping information as well as to estimate the amount of vaccine that will need to be supplied for the upcoming calendar year.

As vaccine accountability continues to become increasingly important on the federal level, it is vital that the patient enrollment numbers your office submits on the provider profile are as accurate as possible. These numbers determine the amount of federal and CHIP (HUSKY B) funding the CVP receives on an annual basis. The language in the provider agreement form has been revised. The Centers for Disease Control and Prevention now requires all states to use their standardized agreement form. The CVP does not have the ability to change any of the language on the form.



**The completed provider profile and signed provider agreement forms must be submitted to the Connecticut Vaccine Program by January 31, 2015.** Meeting this deadline will allow all providers to continue receiving state supplied vaccine on an uninterrupted basis. Please be sure to include your Provider Identification Number (PIN) on both the agreement and profile forms. The completed forms can be faxed to (860) 509-8371 or (860) 509-7945.

## *Gardasil 9 Approved by FDA*

The U.S. Food and Drug Administration approved Gardasil 9 (Human Papillomavirus 9-valent Vaccine) for the prevention of certain diseases caused by nine types of Human Papillomavirus (HPV). Covering nine HPV types, five more types than the previously licensed Gardasil vaccine, Gardasil 9 has the potential to prevent approximately 90 percent of cervical, vulvar, vaginal and anal cancers and is licensed for use in females ages 9 through 26 and males ages 9 through 15. Gardasil 9 is approved for the prevention of cervical, vulvar, vaginal and anal cancers caused by HPV types 16, 18, 31, 33, 45, 52 and 58, and for the prevention of genital warts caused by HPV types 6 or 11 and protects against five additional HPV types—31, 33, 45, 52 and 58— which cause approximately 20 percent of cervical cancers not covered by previously FDA-approved HPV vaccines.

The CVP is not currently providing Gardasil 9. Availability of the vaccine through the CVP will be determined after the Advisory Committee on Immunization Practices (ACIP) meets in February and make formal recommendations on the use of Gardasil 9.

### ***Meningococcal and Pneumococcal Vaccines for High-Risk Children***

The Connecticut Vaccine Program now provides meningococcal conjugate and pneumococcal vaccines for specific high-risk children:

- **Meningococcal Conjugate Vaccines for High-Risk Children**

Routine vaccination against meningococcal disease is not recommended for healthy children 6 weeks through 10 years of age. However, children at increased risk for meningococcal disease should be vaccinated according to Advisory Committee on Immunization Practices (ACIP) recommendations with one of the 3 licensed meningococcal conjugate vaccines: Menhibrix®, Menactra®, or Menveo®. The ACIP meningococcal vaccine recommendations are available at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html>. As of January 1, 2015 providers are able to order Menactra®, and Menveo® for meningococcal vaccination of high-risk children 2 months to 10 years of age based on the above recommendations.

- **Pneumococcal Conjugate Vaccine for Immunocompromised Children**

ACIP has also updated their recommendations for use of 13-valent Pneumococcal Conjugate Vaccine—brand name Prevnar® 13 for children 6 through 18 years of age with immunocompromised conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants who have not previously received PCV13. The updated recommendations are available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a3.htm>. As of January 1, 2015 providers are able to order PCV13 for all children 6-18 years of age with the immunocompromised conditions listed above when indicated. Providers are also able to order Pneumococcal Polysaccharide Vaccine (PPSV23) for those high-risk children with the conditions listed above and who are recommended to receive 1 or 2 doses.

### ***Perinatal Hepatitis B Prevention***

Hepatitis B is a serious liver disease caused by the hepatitis B virus (HBV). HBV is spread through bodily fluids (blood, semen) as well as perinatal transmission from an infected pregnant woman to her child. About 40% of babies born to HBV-infected mothers will develop chronic hepatitis B infection without appropriate post-exposure prophylaxis. Women who have HBV and are pregnant must be reported to the Connecticut Department of Public Health each time they are pregnant for appropriate case follow up and management of the newborn. Post-exposure prophylaxis is critical for children born to HBV-positive moms.

These children need the hepatitis B immune globulin (HBIG) and the first dose of the hepatitis B vaccine within 12 hours of birth. If the mother's hepatitis B status is unknown, the child should receive the first hepatitis B vaccine within 12 hours of birth and the mother should be tested for hepatitis B surface antigen. If she is found to be positive, HBIG should be administered as soon as possible but no later than 7 days of age. The second dose of the hepatitis B vaccine should be administered at age 1-2 months, depending on the provider's schedule. The final dose of vaccine should be administered at 6 months of age. It is important to perform post-vaccination testing at the completion of the series, between 9 and 18 months of age but no sooner than one month following the last dose of vaccine. This testing is composed of hepatitis B surface antigen and quantitative hepatitis B surface antibody. The tests will confirm that the child is immune and therefore not HBV-infected.

Immunization Program staff send letters to notify pediatricians of children in their practice who have HBV-positive moms. Letters also get mailed to remind physicians that post-vaccination testing is due at the end of the series. The completed post-vaccination testing form should then be mailed or faxed back to DPH as we do not receive these laboratory results. For more information about perinatal hepatitis B, please visit <http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm>.